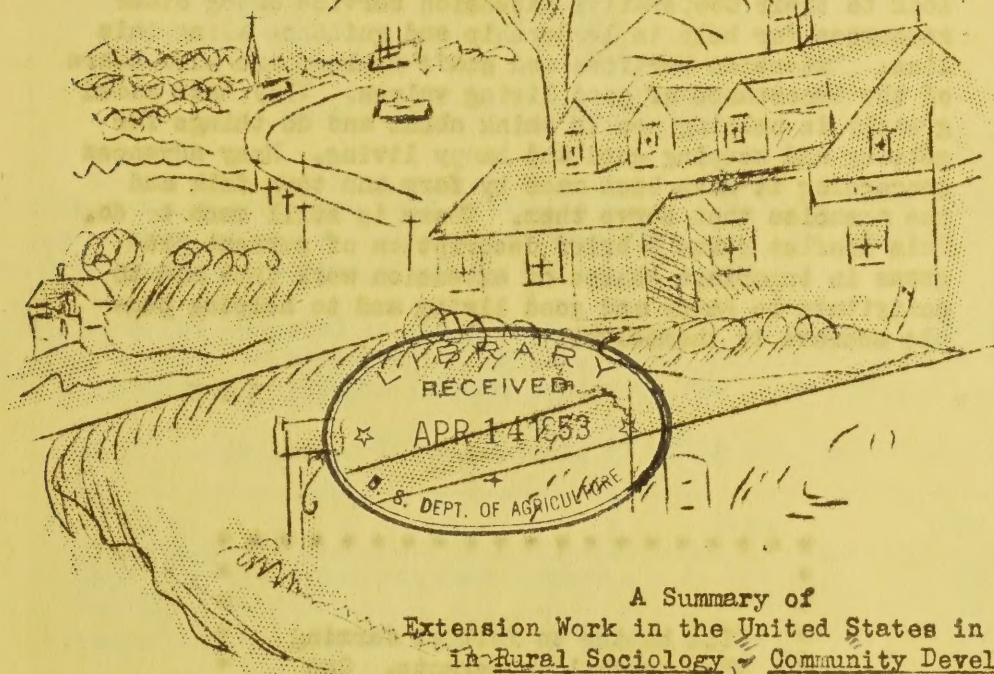


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HELPING PEOPLE IMPROVE
COMMUNITY LIVING;



A Summary of
Extension Work in the United States in 1951-52
in Rural Sociology, Community Development,
Health Education + Recreation

UNITED STATES DEPARTMENT OF AGRICULTURE
U.S. Extension Service
Division of Agricultural Economics
Washington 25, D. C.

FOREWORD

Happy and good living is as important as good and profitable farming. Such living is derived from good incomes and the wise use of money and time for obtaining and enjoying home conveniences, community life, local services, happy home and community relations, successful group activities, and regard for spiritual values. Health is a basic factor to success. Recreation for relaxation and personal development are important especially under changing conditions of farm and town life. Community teamwork and effective group techniques whereby the people face their own problems are vitally important today.

Rural people are aware of these values and factors. They want happy and good living, too. They like to look to their Cooperative Extension Service among other resources for help in leadership and guidance along this line. Extension services and staff members are also aware of the importance of good living values. They have aided greatly in helping people think about and do things for getting and keeping good and happy living. Many advances concerning it have been made by farm and town folk and the agencies that serve them. There is still much to do. This leaflet gives a brief description of current programs in important phases of extension work that aim to contribute to happy and good living and to helping people achieve it themselves.

E J N

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*   'Tis better to fail at farming   *
*   than to fail as parents. One    *
*   can always throw out the spoiled *
*   crop. -- Anna Faye.             *
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Annual Report of Extension Work 1951-52
SOCIOLOGY - COMMUNITY DEVELOPMENT - HEALTH - RECREATION ¹

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More States with Project Work	1
Scope and Trends in Program Content	2
Sociology and Community Development	4
Health Education	7
Recreation and Cultural Arts	10
A Look Ahead - Trends and Problems Needing Attention. .12	
Activities of Federal Office	17

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MORE STATES WITH PROJECT WORK

Today 35 States and Puerto Rico have extension work on a specialist-project basis in one or more of the 3 fields - health, recreation, and sociology and community development, compared to 15 States only 7 years ago.

Very rapid growth has occurred in the number of health education projects, which had been given special emphasis beginning about 1945, although 2 States - Illinois and Kansas have had such projects in home economics for many years.

TABLE I - Number of State projects by kinds and years indicated

KIND	1945	1952
Sociology and Community development . . .	11	23
Health education	2	21
Recreation	7	19
Number of States with one or more projects	15	36
Number of specialists	22	68

The number of recreation, sociology and community development projects have also increased. Several States have had rural sociology projects for nearly 25 years or more - New York, Ohio, Wisconsin, Iowa, Virginia, and Louisiana, and 5 States have had extension recreation projects more than 25 years - New York, Ohio, Illinois, Wisconsin, and Iowa. The early rural sociology and recreation projects were more or less thought of as the same kind of work. But this is not true today, which is another indication of growth in these fields.

1/ Prepared by E.J. Niederfrank, Extension rural sociologist and specialist for community development, health and recreation programs. November 1952.

Rural sociology projects were dropped in 2 States during 1951 - in Arizona the specialist passed away and in Minnesota the specialist was transferred to other work. Health specialist vacancies presently exist in 2 States. Table 2 on the next page shows the projects in sociology and community development, health, and recreation by States. Several more States hope to add some in 1953.

Besides the States which have established work in these fields on a project basis, a number of other States provide some extension education in the same fields through other assigned extension staff personnel. For example, considerable recreation is included in various activities of 4-H Club work. Some health education is included directly in various home demonstration and other programs. Most States without an extension rural sociologist do call upon their research and resident-teaching staffs for assistance and information from time to time. Of course, we receive little or no official reporting of any of this incidental work. Only about 5 or 6 States offer little or nothing in either community development, health, recreation, or rural sociology.

SCOPE AND TRENDS IN PROGRAM CONTENT

Extension programs in sociology, community development, health, and recreation are all generally broad in scope. This is because they each affect various aspects of both family and community life and relate to nearly all extension programs in one way or another. Thus, they cannot be easily defined in terms of a few specific project activities or topics of subject matter. But each does have its broad limits or areas of activity, and these along with major trends and highlights of work are briefly described in the next sections.

The specialists in health, recreation, sociology, and community development like the specialists in all other programs, serve as an evangelist and a catalyst and a middleman. The basic function of these specialists is to give leadership to the development of extension education activities in sociology, health, recreation, and other community development as parts of the total extension program of the State and county. They teach subject matter in these fields. They open channels of communication with various resources. They help extension agents and the people plan. And they are guided most of all by the policies and conditions of their own State extension services and situations.

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* "Community activity gives *
 * people a sense of belong- *
 * ing, and this spirit is *
 * one of the very foundation *
 * stones of our democracy." *
 * -- Chas. Poletti *
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Table 2—States having Extension Projects in Indicated Fields and No. of specialists

STATE	Sociology and Community Development		Health	Recreation	
	1945	1952	1945	1945	1952
Alabama		1			
Arizona	1				
Arkansas		1*			1*
California					
Colorado					1
Connecticut					
Delaware					
Florida			1		
Georgia		1	1		1
Idaho					
Illinois	1	1	1	2	3
Indiana		1	1		1
Iowa	1	1	1	1	2
Kansas			1		1
Kentucky		1			1
Louisiana	1	1	1		1
Maine					
Maryland	1	1			
Massachusetts					
Michigan		1	1		
Minnesota					
Mississippi		1	1	1	
Missouri			1		
Montana			1		
Nebraska			1		
Nevada					
New Hampshire			1		1
New Jersey					
New Mexico					
New York	1	1	1	2	2
North Carolina					
North Dakota			1	1	
Ohio	1	1	1		1
Oklahoma	1	1			
Oregon		1	1	1	1
Pennsylvania	1	1			1
Rhode Island		1			
South Carolina			1		
South Dakota					1
Tennessee		1			
Texas	1	1			1
Utah		1			1
Vermont					
Virginia	1	2			
Washington		1			
West Virginia					1
Wisconsin	1	1		1	2
Wyoming			1		
Alaska					
Hawaii					
Puerto Rico			1		
Total States	11	23	2	21	19

*Same person

Sociology and Community Development 1/

This is the general field of human relations, community group methods, and rural welfare. It helps communities and groups discuss their conditions, determine what improvements to work on and how to do so. It helps extension workers with human relations and organization problems of their own work. Main problems and subjects dealt with include the obtaining of community services such as roads, libraries, community buildings, recreation programs and health clinics; finding and strengthening rural leadership; improving meetings and organizations; strengthening town-county relations which is so greatly needed today in changing other organizations as needed for working together on local activities; aid in improving school reorganization and rural church conditions; analyzing of local situations and evaluating organization and education procedures; providing general information about population trends, standard of living, public welfare policies, local government, and other topics for citizenship training and to aid people and extension workers in program development.

According to annual reports, County extension agents during 1951 aided community groups and organizational problems and activities in nearly 60,000 communities in 2,500 counties; assisted 7,200 communities in over 900 counties obtain library facilities; assisted 8,800 communities in 1400 counties improve school or community grounds, aided nearly 8,000 local groups in 1,400 counties discuss public policies, and assisted in 795 counties with the location of over 11,000 displaced families.

Main programs and developments in extension sociology and community development in 1951-52 were:

1. More work on community improvement and building better relationships locally. Interest in this is higher on the part of the people and extension workers. Changes in community life, such as in population, settlement and migration, greater diversity of occupations and interests, the continued shifting of contacts to larger towns yet insisting on maintaining certain services nearby like school and church and doctor, all have created problems of relations and services for many communities. More and more counties and communities are tackling such problems and calling upon extension to help them do so. ^{professional} Community councils, health councils, county program planning committees, worker groups, joint activities between town and country, rural church fellowships or councils, community development workshops, demonstration community improvement projects, the community approach in extension methods -- all these are found more and more in State extension programs throughout the country today than a few years ago. Local public policy or citizenship education is also stressed in the extension sociology and community program of a number of States, such as in Ohio and Iowa where special guide materials are provided extension workers and leaders.

1/ Sociology and community development are combined in this report because they are so closely related and are handled together in a number of States as well as in the Federal office. In cases where community development or some other topic is the main or only emphasis, as in some southern States, the projects and specialists are generally titled by their speciality, rather than as sociology which is a broad field.

More groups are also doing something about community improvements, such as getting community centers built, beautification, getting better local services as health, recreation, telephones and libraries, better knowing and using existing services, improving back roads, improving school conditions, helping churches make adjustments, building town-country cooperation, facing local labor problems and adjusting to new industries or farming changes, and meeting youth needs. Extension sociology projects work along this line in Rhode Island, New York, Pennsylvania, Ohio, Indiana, Kentucky, Michigan, Wisconsin, Iowa, Washington, Oklahoma, and Texas as well as in several southern States. The approach varies depending upon State situations. These topics also are a part of standards of living. More and more such problems are being raised in community and county program planning committees, and extension staffs want to help the people with them. Greater development of over-all county-wide program planning procedure in extension work which is now occurring across the country, will undoubtedly result in still further growth of State extension work in general community improvement.

2. Community Development Programs continue to spread across the southern States. Extension services have taken up the idea with new or greater emphasis in West Virginia, Virginia, North and South Carolina, Mississippi, Arkansas, Oklahoma, and Texas. States which have had such a program for a number of years, like Tennessee, Georgia, Alabama, and Louisiana, are concentrating on further spread among counties within the States and on working out further refinements in program shown by experience to be needed. Today 8 Southern States each have a specialist who devotes half or more time to aid the development of this specialized community improvement program. It is being more and more recognized, not as a separate subject-matter program parallel with all others, but as a method by which all extension programs may be channeled locally in order to reach more people more effectively.

Experience is proving several important principles. The first is to adequately develop State and county staffs to the idea. Another precaution is to be satisfied with letting it spread slowly but solidly. A third principle is to minimize the contest feature. This can be done by keeping the prizes low, keeping the publicity of winners modest and constructive and by setting up the contest scoring in broad categories rather than by a long list of specific improvements so as to give as much freedom as possible to communities in selection of goals. Among some of the special activities on this program in the States are: State community leaders conference (Arkansas), county and district forums on community development (Georgia) federation of community groups on a county basis (Tennessee), new State-wide program (Mississippi), area community development councils (Georgia), part of regular extension program planning procedure (Georgia).

3. There is a lot of concern for the idea of local communities and groups doing things for themselves. This trend is related to the above developments and is found throughout the country. It is highly significant for our system of democracy, especially in these times. Professional workers like extension agents and public health specialists are finding that the people at the grass roots do have good ideas and can do a lot of things for themselves if given the chance for self-expression and leadership. The more that Extension workers recognize and apply this principle, the more they can free themselves of the burdens of detail and decision-making and more and more assume roles of true leadership and service to people-centered problems, which is the basic function of the Extension Service. Ohio has stressed this idea of local decision-making in its extension sociology citizenship training for a number of years. Iowa and some other States have had State or district workshops on community development during the past few

years which have served to bring together leaders of various agencies and groups and motivate interest in the idea of community improvement and teamwork. Indiana has leadership schools on community problems and Wisconsin is working with experimental communities on improvement projects.

4. More emphasis is given to teaching and helping Extension workers in the sociological and psychological aspects of their work. Demands upon extension for assisting with many activities and programs, plus the occurrence of vast community changes and the desire to serve new people and more people, call for the very best in understanding the makeup of counties, working with other agencies or groups, and in new education methods. Some special work along this line is the study of the part-time farm and rural-urban fringe families. Several States notably Oregon, have undertaken such studies during the last 2 or 3 years to obtain facts for helping extension better serve new rural people and aid community development in these special situations.

About 10 States have sociology specialists on extension staffs who can and are helping their co-workers on such problems, and several other States make some use of such personnel from other parts of their college staffs from time to time.

Another at least partial solution to this need is to see that Extension workers receive a good amount of pre-service and in-service training in sociology, psychology, and education subjects. Such training is on the increase and sociologists are helping provide it. For example, each of the regional extension summer schools offer one or more courses in the applied aspects of these fields which are being heavily attended. In Michigan district 3-day workshops on sociology and psychology were held for all extension staff personnel and Washington State had a series of district staff meetings on community organization and extension method to help the staff members better understand their counties and devise better ways of working with people for extension programs and for community development projects. Extension sociologists assist county staffs on special problems; for example, locating neighbor groups, serving sections of county not reached, or getting better participation in meetings. Ohio has leadership schools on handling meetings and discussions. Many States have provided a limited amount of assistance on such subjects in annual staff conferences, using outside resources. Researches in applied sociology and education are greatly needed to aid further training along all this line.

5. Extension rural sociology is being recognized more and more for what it is - the science of human relations and values - and less and less as recreation programs or "social reform" like some people thought of it in past years. Today there is greater understanding generally of what rural sociology is than ever before. But there is still a long way to go. A new and helpful development in this direction is the North Central States Regional Committee on Rural Sociology which was set up last year with the cooperation of the Farm Foundation. Out of this it is expected will come clearer definition of extension rural sociology and its relation to the total extension program. This should also bring about greater interest and support of sociology on the part of extension administrators, as well as result in an array of useful researches and improved college teaching of the subject.

Clearer definition of extension rural sociology content and assessment of administrative ties are needed in order for State specialists to be in a good position to better serve other staff members and the people. Is it

only service to staff workers on sociological problems which they encounter in carrying on their regular work? Is it "trouble shooting"? What is sociological service? Are there some specific practices or ideas it should promote? What about community improvement planning, school problems, and many other needed programs and activities? What should the title of the person be who works mostly on all this type of sociological service? Where should the extension sociologist be located administratively? Should this work reside in one person or be a "service of the department" shared among the different staff members according to speciality? Should the person who works entirely on one type of service like community organization or health be titled according to his work or be called "extension sociologist? Where should health education projects be located? These are pertinent questions and more and more extension directors and heads of departments are concerned about them. We are entering a trend toward reassessment of extension organization as a whole, so that any leadership and guidance which can be given for the best development of sociology in the colleges will be timely and welcomed.

Health Education

This includes both family health and community health. Extension health education helps counties or communities study their health conditions and work out what to do about them; such as obtaining certain health facilities or services; getting doctors or dentists or nurses; improving school health, community sanitation and community dental health projects. It also helps to provide information about home care of ill and other desirable family health practices; preventive information about special disease programs such as cancer, heart, polio and TB Chest X-Ray; immunization and other preventive measures for children's diseases; use of public health services; eradication of Brucellosis and other animal diseases affecting man; promotion of regular physical examinations; and information about pre-payment health insurance plans. Extension health education in a number of States also includes safety or accident prevention, either as a part of the health education project or in cooperation with other specialist-projects in safety.

Extension health education does not provide technical health services or medical information or do any more direct teaching of health information than is necessary under local conditions. Rather it encourages and helps rural people to obtain needed health services and sources of information and to make use of them. Various established extension programs contribute to health, such as nutrition, sanitary engineering, and veterinary. Extension health education helps to relate these to human health and family practices. It builds relationships and opens channels of communication between people having health problems or needs and the resources available to meet these health needs. It helps the information resources themselves better reach rural people. It promotes the idea of keeping in good health and it helps make available information about preventive health practices which medical science and health authorities recommend. Extension health education specialists work closely especially with nutrition and family life programs because good nutrition and child psychology are such important parts of maintaining good health physically and mentally.

During 1951 county and State extension workers devoted over 40,000 man-days to general health and safety education. Assistance was given to 39,000 communities and there were 86,000 local voluntary local leaders or committeemen who worked on health and safety programs. During the year

about 1,650,000 families were assisted in improving diets, 425,000 families in 1,750 counties assisted in prevention of colds and other common diseases, 500,000 families in obtaining immunization or other preventive health measures, 230,000 families with first aid and home nursing, and 2,660 nutrition or health clinics in 480 counties were held. Over 50,000 families were aided with information about installing sanitation systems and 450,000 families with use of screens and other methods of controlling unhealthful insects. 4-H projects for getting physical examinations resulted in over 300,000 boys and girls receiving such examinations and 250,000 boys and girls were enrolled in 4-H health activities. Main programs and developments in extension health education in 1951-52 were:

1. The program content of extension health education projects is tending toward a balanced program with more proportionate emphasis on the whole field of health including family health practices and community health conditions as noted in above paragraphs and less proportionate emphasis on getting rural hospitals and other legislative health programs.

This trend is all to the good, for health is a subject that is important to all people for all their life and is related to so many things of life. There is no best solution or way to good health save that of education and guidance about it individually and locally and on all aspects of health.

The rural hospital situation has been greatly improved largely as the result of the Hill-Burton program. About 950 projects for general hospitals have been completed or placed under construction since 1945, nearly 70 percent of which are located in towns or small cities serving rural areas. For example, Wyoming has added 13 and Mississippi 22, which means a lot for these rural States. State extension workers and voluntary leaders had much to do with initiating and obtaining many of the new hospitals and health centers built during recent years.

Interest now is toward giving greater attention to guiding the planning of hospital development so as not to build too many or to build the wrong size or in the wrong place, and to getting smaller types of facilities for the service of people locally.

Family health practices stressed last year had to do with home accident prevention, first aid and home care of the ill, diet and living habits for preventing or reducing the severity of illnesses, farm and home sanitation, preventive information about children's diseases including the promotion of various kinds of clinics, and information about heart and cancer leading to regular physical examinations. Much increased interest has developed for programs on weight control, dental health, and on how to obtain health insurance. New York, Illinois, and Nebraska are setting up weight control education programs. In these the health specialists and nutrition specialists do a great deal together. Resources of the State departments of health and commercial firms are used. The weight control problem is now being emphasized throughout the country as "America's No. 1. Health Problem" and people are hearing about it from various sources. In Puerto Rico home sanitation, children's health and community health services are stress Home practices that have to do with animal diseases affecting man, especially Brucellosis (undulant fever) and Tuberculosis, are also given attention by the health education specialists in a number of

States. Illinois is now in the process of setting up a special program on this which is to be carried by both home economics and agriculture extension with the health education specialist and the extension veterinarian working together, and both with the State department of health and other agencies. Incidence of the disease is still high in several States and there is need for getting as many farm families as possible to test their cattle pursuant to cleaning up their herds and in the meantime to adopt recommended farm and home preventive practices.

Important phases of community health being dealt with are school health and study of local health services, conditions and needs. This is mentioned further in later paragraphs.

2. There has been continued interest in extension health education on the part of extension administrators and other staff personnel. This is reflected, for one thing, in the continued increase in number of States having a health education project with assigned specialists, and more and more is being done on health in States without specialists. More jointly prepared bulletins, radio programs and similar activities between health specialists and other specialists are developing. At least 25 or 30 States have among their objectives that every 4-H Club and home demonstration group have a health chairman to give leadership to health information and activities of their clubs. Greater emphasis on health education is being included more and more in 4-H camping and one State - Kansas - has an annual State 4-H Health Camp. Wyoming made health and safety the theme of their 1952 annual staff conference with the entire agenda devoted to this subject. Various extension personnel join in arranging and conducting State and district rural health conferences. A National 4-H Health Committee has been set by the Extension Organization and Policy Subcommittee on 4-H Work to give further leadership to 4-H health education work.
3. More work is being done in helping the people do the job themselves. Interest and developments in local organizations and planning for health improvements are becoming more widespread. Extension workers are giving more assistance than ever to health councils, committees, communities and other groups who want to consider health problems and do something about them. From this activity has resulted numerous rural health improvements, including health centers, hospitals, sanitation projects, improved school health, procurement of doctors, more use of health resources available, and greater participation by rural people in cancer detection, heart care, chest x-ray and similar health programs. A study made in 1950 by the Nat'l Health Council showed that there were over 1,200 local health councils in the United States and that extension workers had a hand in starting or participating in over 50 percent of them. There are even more today. Examples of extension work on health councils is found in Arkansas, Mississippi, Ohio, Iowa, Montana, and Oregon. In some States the State Department of Public Health or Medical Society takes the lead in promoting health councils, in which cases extension fits in locally according to situation to aid with rural aspects. In addition to councils, extension gives much assistance to other health committees and groups on local health planning especially State and county home demonstration councils and county extension planning committees. Several States have given assistance to county health improvement associations. A group of specialists aided a national Lutheran workshop on the role of the local pastor and congregation in community health.

These groups made up of Blue Cross-Blue Shield policy holders and other interested leaders are springing up especially in the Midwest and they work on health education and improvement activities of community nature. Georgia is giving emphasis to training local leaders to meet various community needs and obtain family health information based on discussions at successive leader meetings.

Another phase of helping people do the job themselves is the study of existing local services and needs. Home demonstration groups in a number of States have undertaken lessons with the use of guide sheets to help them know more about the various health programs and agencies and programs going available locally. Then from this they go on to work for needed improvements. Such work was especially done in Arkansas, Oregon and Montana during the last year. Somewhat more elaborate community and county self-studies have also been completed or are under way in a number of States, such as New York, Ohio, Indiana, Michigan, Mississippi, Arkansas, and Oregon. These are useful not only in obtaining basic facts but in motivating the local people themselves who engage in the studies. The Northern Great Plains States have undertaken a regional study of health and medical care services, under the leadership of the Northern Great Plains Council and the State extension health specialists of the region. Studies provide basic facts, and when carried on with the people themselves, as self-studies, they have much educational value in that they create interest and leadership among the people for going beyond the facts to working out solutions to problems and improving conditions.

4. The idea of health conferences - State and district - is growing.

Some are special 1 or 2-day conferences and other States have a similar section on rural health in their Farm and Home Week programs. Some successful conferences or programs of this kind during the past year were in New York, Indiana, Illinois, Michigan, Wisconsin, Arkansas, and Oregon. The most effective conferences are those co-sponsored or conducted by various agencies and groups concerned with rural health, such as the State departments of health, medical and dental societies, agricultural extension services, medical and nursing schools, and farm organizations and in which the programs include numerous case examples, experiences and allow plenty of time for discussion by the people of problems or topics that ought to be stressed next. Such jointly conducted conferences and meetings serve to develop common interest and understanding of problems among the various groups and agencies. They stimulate interest in health improvement by agencies and local citizenry and suggest projects and activities which can be carried out locally, as well as help give direction to health improvement programs for the State as a whole.

5. Extension health work has been giving considerable attention to farm and home safety or accident prevention. Several States have set up special award programs leader training lessons, and other activities in this field. The extension health and safety specialists help with leadership and teaching. Among the States with special programs on accident prevention are New York, Indiana, Illinois, Nebraska, Kansas, and Oregon.

6. Interest in buying health insurance has also increased. People want more information which will help them make decisions about purchasing it and making family health plans accordingly. During the last few years many people have also been somewhat concerned about national public health insurance legislation and probably there will be increased interest in this during the next few years with the people wanting to know about it insofar as new suggestions for such programs. Extension health education specialists will be alert to provide information along this line as the people express interest in it.

To sum up, in 1950-52 there has been greater interest in farm and home accident prevention, local community health improving projects, and family health practices, and less emphasis on hospital construction and legislative health programs. Civil Defense health emphasis is included in relation to regular work on first aid, home care of ill, and emergency planning. The field of family preventive health practices, taught largely by leader training and mass media, is and always should be a major part of extension health education for the development of good health habits and keeping in good health are so greatly a personal and family matter. Much emphasis should always be given to children's health. Promotion of interest in health - greater health consciousness on the part of people - is the greatest need of all and a major health education job.

Extension Recreation and Cultural Arts

This field of extension work endeavors to stimulate interest in recreation for meeting certain personal and groups needs, lift standards of recreation programs and methods on the part of rural people and leaders, encourage and aid family-home recreation, teach recreation activities and skills for use in rural groups and meetings of all kinds, and help leaders with planning for community recreation improvements or special programs to meet youth needs or other local recreation problems.

The field is broad, including folk games, groups singing, arts and crafts, drama, camping, and group recreation facilities. Among the main activities of extension recreationists are the organizing and conducting of county or district leader-training institutes on group recreation; aiding "little theatres" and other drama groups, promotion and aid to county rural choruses; planning and conducting large events, such as recreation at State 4-H Roundups, folk festivals, talent contests, and art shows; helping with 4-H and youth camps; and the preparation of leaflets and radio broadcasts for mass education.

During 1951 county and State extension workers devoted over 125,000 man-days to recreation and community life programs, and cooperating with them were 155,000 voluntary local leaders. Annual reports indicate that 700,000 families were aided with improving home recreation, 34,000 communities were assisted in improving local recreation facilities, 2,000 communities were aided in establishing community houses, and 250,000 boys and girls in 4-H Clubs received definite training in recreation leadership to take back to their own groups.

* "Do not go before your people with an elaborate pro- *
* gram. Your value lies in not what you can do, but *
* in what you can get others to do." - - Seaman A. Knapp *

Main programs and new developments in 1951-52 were:

1. Continued interest of rural people in recreation for themselves as persons and families and for their organizations and communities. Field reports indicate that this is true even though there has been at the same time increased production of farm commodities. In fact, adequate health and recreation go hand in hand and, in turn, both contribute in various ways to greater output and efficiency of farm families and farm labor crews. Part of the increased development in recreation has also come from increased development of extension work with older youth and young farmers and homemakers as recreation is a major interest at this age. Recreation activities and skills are also more and more recognized as a useful tool for improving organizations and meetings. They help to enliven programs, keep up interest, provide group participation and fellowship, and turn up new leadership. Communities are calling for youth programs and more and better recreation facilities and activities, and there is also some call for improving school recreation into something beyond the highly competitive team sports which now seem to receive an undue amount of attention in many communities.
2. More camping is included in extension work, especially in 4-H and youth programs, and at the same time there is a definite trend toward improving camping programs both in activities and in facilities. Much greater effort is being made to give more pre-camp training for agents and leaders before camps begin. Numerous camp sites and facilities are being built, and many of them take into consideration new camping ideas, such as the small group-unit idea, better health facilities, varied recreation activity, nature study, and year-around or longer-time use. Longer camping sessions are being given more attention, especially the idea of extending 2-day camps to 3 or 4 days or a week. Camp programs are more educationally sound, geared more to educating for personality development through better group activity, and there is improvement in ceremonies. The ideas of more participation by all, more group-type participation, and more flexible programs geared to personal and group interests rather than detailed activity schedules are becoming more widely accepted and practiced in the operation of extension camps. But much more improvement along all these lines is still needed.
3. The idea of more group participation and of letting things develop according to personal and group interests, is spreading into all extension education and into other extension programs. This is a very healthy trend. It fosters personality and group development which, in turn, contributes to other programs and to many activities of life. More and more reports of this trend are being received all the time. For example, one State 4-H Club leader recently reported that "in one glance over the 4-H work around this State it can easily be seen that the strong clubs are those which are strong in group activity and fellowship."
4. Content of extension recreation programs is becoming broader. Social recreation is becoming less dominated by square dancing and including more on other types of games or activity. Interest in square dancing rose to a high level and spread like wildfire into all parts of the county, and tended to become more and more fancy. It is still at a peak in many places, and probably will and should always remain a major group activity, especially for young people. But emphasis in it should be mostly on the fun and fellowship and less on skill in dancing the complicated figures. More and better materials and training in general

folk games and other group activities are needed before such recreation will become very much more general or replace square dancing. There is also much greater interest in arts and crafts. Great need exists for more and better teaching leadership or assistance in arts and crafts. The more creative they are the better. Arts and crafts tend to become less creative and aiding to personality unless good leadership and assistance are always available. Music, painting, drama, play-writing and the like are good arts and crafts also. Some unusual extension work is being done along these lines in a few States, especially, New York, Illinois, Iowa, Wisconsin, South Dakota, and Kansas. Nearly 800 rural painters are listed in Wisconsin, and district art shows are held annually. County rural women's choruses are an important part of home demonstration work in a number of States.

5. Recreation has definitely become a field in its own right and is no longer to be considered simply a part of rural sociology, or of simply being physical education. In only 2 States are recreation and rural sociology identified with each other by name of program and title of specialists. These are Pennsylvania and Wisconsin. Several States have set up recreation under new projects or changed the titles of specialists during the last 2 or 3 years. Recreation is largely sociological, but sociology is far more than the subject of recreation. The fact that rural sociology greatly included recreation in earlier years probably definitely handicapped the progress of both as such. Yet it did help much to get recreation and interest in rural life established.

Extension recreation education is far more than simply being "an unimportant field that teaches rural people foolishness." It is a vital part of personal, family, and community living. It is being recognized more and more as having a general place in education for improving rural standards of living, and a special place in dealing with special problems like mental health and family life, or for special groups like youth and the aging, both of which are becoming more important groups in the population.

A LOOK AHEAD - TRENDS AND PROBLEMS NEEDING ATTENTION
IN SOCIOLOGY - COMMUNITY DEVELOPMENT - HEALTH - RECREATION

First is the increasing suburbanization and settlement of nonfarm families in the open country. Development of community-mindedness and unity based on some common interest becomes an important factor and need in such cases. This cannot be established at once; it will have to grow. Leadership for it is needed, and extension is and should give more attention to it, for common interest and group mindedness are basic to doing effective work with these families in any extension program or other program.

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* "History wouldn't repeat it- *
* self so often if the world *
* would listen." *
* - C. Norman Collie *
* *
* * * * *

Hospital needs are rapidly being met generally and what we need more of now are localized facilities below the hospital level.

Many new hospitals are being found to be too big or too expensively designed and equipped to be efficient. And another problem related to this is that in many cases such projects are now suffering from lack of funds and personnel for full operation due to inadequate planning for these items in the first place, or failure to provide adequate sustaining organization and leadership after the building was completed.

The two types of facilities we need more of now are: (1) The Doctor's Office Clinic, which might comprise 1 or 2 beds and equipment for X-Ray and other diagnostic or laboratory services; and (2) the Out-Patient Home for convalescents, aged persons and others whose condition does not require the more costly hospital care itself. Additions to present official standards and requirements to take account of these facilities will probably be necessary in most cases before we can get very far in the development of these kinds of facilities. Numerous communities have obtained one or both of these, generally through private investment only, and this is highly desirable. They are the types of facilities that doctors and private-home operators can build for themselves, with the help of local credit and community support. Much less emphasis generally is now and ought to be given to general, highly-equipped rural hospitals. Such emphasis and resources might well go into medical training and research centers and base hospitals.

Community wide working together is the greatest need in the field of community development. Special interest organizations, agencies and groups generally tend to devote major attention to their own purposes and programs, most of which may come from their outside State and national offices, while problems and interests of the community as a whole more or less frequently fall through the slats. In many cases community development is also blocked by the opposition of a single group or individual. Extension sociologists in a number of States such as New York, Ohio, Indiana, Iowa, Wisconsin and Washington are giving attention in one way or another. Relationships are being built between groups and agencies locally, State, and national. Community councils and other interagency arrangements are on the increase. County-wide over-all extension planning committees are becoming more widespread. One common development is the idea of having a State Rural Church Fellowships whereby various churches work together among themselves and with other agencies in giving leadership to programs and ideas for improving rural life. An upsurge of interest in community councils and improvement associations 25 or 30 years ago, in many cases somewhat unsound in one way or another, led to a definite decline of interest and criticism of such suggestions. But the trend is now upward again and the newer developments are on a much sounder basis as a result of previous experience and the more research information and skills available today.

An excellent movie illustrating this true development was produced this year by the Kellogg Foundation called "The Tale of Two Towns." Georgia, Tennessee, and Wisconsin also have produced excellent short films on this subject.

Another concern and related to the above is the need for general community improvement and more use of already existing services by the people. The whole question of maintaining or developing community services, facilities, and relationships, and the adjustment of these to fit changing conditions, needs to be faced in many places. Telephone service, better roads, libraries,

new job opportunities, markets for new local industries, conveniently located health clinics and health services, park and playground facilities, local bus transportation, better schools and churches, recreation activities for various age groups, community beautification, and good town-country relations are examples of needs which many rural communities more or less have to a degree. Also a part of this is the use by rural people of facilities and services already available. Families need to know about them in order to use them in meeting their needs. Much has been accomplished along the line of improving rural services and their use during the last few years. Communities can and are getting these things for themselves. It takes leadership and organization, and extension is more prepared than ever to offer assistance along this line.

Few communities are stable and like the way the people would like to have them. Most of them are faced with problems of either decline or expansion. Questions of maintaining or obtaining services in the face of decline, or of procuring needed new services and building relationships in the face of rapid expansion, become important questions. Youth are concerned even if they all cannot stay on farms or in home towns. Delinquency, wild driving which often results in accidents, and expressions like "this is a dead place" still frequently occur. Certainly many places have need for improving community conditions for the benefit of youth while they are being reared at home and preparing for outward migration, if their interests and those of the community and the Nation are to be best served in the long run.

School reorganization is a major community issue in many places. It has become an issue because of changing community conditions and changes in our standards of education. But at the same time it is a difficult issue because of inadequate experience and program for getting down to brass tacks and tackling the problem the community way. We will have to bring such methods to bear. For trying to solve the problem by legislation and specialized agency approaches where each insists on their own standards completely, will never be enough to accomplish adequate school reorganization satisfactory to rural people. But it can be accomplished by the people themselves studying their own situation together in a community and discussion way with thought given to the facts and to what they want from their schools for their children and themselves.

Extension services, dedicated to serving rural people should give positive attention to helping rural people on the school reorganization problem, and they are doing so in more and more places. It is a part of rural organization and improvement, and a suitable function for the rural sociologists, many of whom are working on it. The local self-analysis group-decision process of the people themselves can also solve similar problems of church, health, and recreation. Extension, and in many cases it alone, has the basic philosophy and know-how for helping people in this manner. And sociologists especially can and should be the ones to bring this to bear.

Another trend and need is for more and better sociology teaching and aid to extension workers in order to help them tackle their problems in trying to better reach and teach more people with more programs. Better meetings, better handling of discussions, better program planning, better work with local leadership and groups, better understanding about the different people or parts of the county - all these are felt needs of many extension workers. Extension people are more aware of their needs along this line than they used to be and are eager for help.

Sociologists can and should work on such problems. Much is already being done. It means that the sociologist becomes more than only a purveyor of particular program activities parallel with all other projects. Rather in such a role he becomes more of a servant of other staff members; they are his clientele rather than the people directly. This kind of extension sociology ought to be a departmental concern on the campus, involving teaching and research staff members as well. But at the same time, extension sociology need not, and in many States cannot, be limited to only this kind of extension work. It can and should work on community development and other social type programs, too. But the specialist does so in an analytical fashion, helping the persons or groups with whom he is working at the time, not in promoting some particular activity or kind of solution to a problem. It would appear that every State should have an extension specialist or some kind of official extension staff assistance in sociology if the statements of agents and others mean anything at all. For more and more of them are bringing up problems of social nature about their work and the writer has heard frequent expressions from them of the hope that some staff assistance along this line would be provided for them in their own State. It would help them to do the better job which they themselves and their administrators would like to see done.

A special trend and need along this line is for better localizing extension work itself. Studies of extension work and of human relations in rural areas indicate that this is essential if greater proportions of people are to be reached more effectively with more programs. Localized extension work, based upon community meetings and demonstrations, was strong in the early days. But since then there was a shift to county and general approaches. Extension sociologists and other extension workers have plenty of experiences to report that this does not adequately do the job or meet the problems for reaching people that extension agents are more frequently raising. There must be greater localization of extension methods, adjusted of course to meet present conditions. The community improvement programs of the Southern States are making a great contribution in this direction. "It is one of the greatest things that has ever come into extension work," said a State extension director recently. Similar efforts of one kind or another are being used here and there. The Soil Conservation Service has had good success along this line with the "Neighbor Group" approach. Its use should also become more common in extension work itself.

A need in both health and recreation education is giving emphasis to children's health and recreation. Habits developed in childhood live for a long time, and all too often poor or inadequate habits about health are developed when good habits could and ought to have been learned just as well. The development of good health habits is basic to good health improvement. And parents have to do most of the job. Extension health education can and should give much attention to teaching parents to teach their children good health habits. Much the same applies to recreation as well.

Health education for children about nutrition, immunization, regular physical examinations, and dental health, need to be continually stressed, both with children through the 4-H program and with parents through their various programs. Examples of topics in recreation education for children would include providing good home play and recreation experiences, teaching values and selection of recreation activities, making extension recreation activities as creative as possible, teaching skills that can be used upon various occasions and taking advantage of opportunities to use them.

School health and recreation come in here. Parents should know more about these aspects of their own local schools. Oftentimes, about the first and only times a parent comes in contact with their school health program is when Johnnie comes home with a note telling the parent to do something. When parents know about their school health and recreation programs they can tune into them with their family practices, and thus support the training rather than hinder it. At the same time, more study on the part of parents about local school health conditions would create interest and leadership for getting improvements made. Parents should be fully informed about school health conditions, procedures, and instruction, if any. Such study would make a good program for home demonstration and 4-H Clubs.

Heavy stress on children's health education means healthier adults and easier health education 25 years from now. It is the only way that basic rural health improvement will ever be most successfully accomplished.

True, there is the ever increasing problem of better serving the health and recreation needs of our aging people. This is important. For many years we will be having an increasing percent of older people in the population. It will reach 1 out of every 4 over 60 by 1980. But our first and greatest attention now and always should be with children and youth. Our extension health and recreation education programs should always include goodly amounts with the children and youth, such as through 4-H, and goodly amounts with the parents about children's health and recreation.

Finally, our extension work in sociology, community development, health and recreation will be most effective as we concentrate efforts on one or a limited number of ideas and activities and avoid as much as possible the scattering of shots too broadly. More and more focusing is being done now. Of course, the main function of the State specialist is to serve the counties, and they generally present a variety of needs and activities. But we need to give leadership to program development, too, and then for a period of time generalize the variety of needs into a few main programs and ideas to be stressed. Allowances for variations between counties or groups can be made in the details of programs. Under this kind of leadership from us, rural people will accomplish over a period of time significant improvements and benefits in areas of living related to our respective fields - community development, health, recreation, and sociology.

What ideas and programs should be stressed? That's for every State to decide, in light of their own conditions. From the standpoint of the country as a whole, below are some major subject-matter needs and problem areas which it is suggested ought to be stressed during the next few years. Some involve or imply several things; some are also related to others. Also, their importance would vary by States and counties.

Community Development

Teamwork between agencies and organizations.
School and church reorganization.
Community self-study and planning for action.
Community activity to promote unity, spirit, leadership, neighborliness, independence, local standards of conduct, local pride and attachment.

Applied Sociology

Localization of extension work.
Better meetings and use of discussion methods.
Greater participation of people in planning and conducting activities.
Teaching others about knowing the values and social makeup of areas they work in.
Information about population and social changes.

Health

Working together in studying and facing needs; knowing and using available resources.
Children's health including school health, dental health attitudes and habits.
Preventive family health practices including weight control, the aging and chronic diseases with physical information idea, and home care of the ill.
Accident prevention.
Mental health.
Adequate health personnel, facilities and services.

Recreation

Group recreation leadership, including singing, for use with meetings and organizations.
Arts and crafts.
Leisure-time attitudes, skills and habits of youth and aging.
Community centers and recreation facilities.

ACTIVITIES OF FEDERAL OFFICE

The role of Federal office in extension sociology, health and recreation is to national bodies and State extension service much like what the role is of the State extension services in relation to other State agencies and to the counties. It is a role of indirect leadership, general training, consultation, and assistance. Major activities center around helping various States with evaluating and developing their programs in this field, keeping abreast of developments and problems around the country, passing along ideas from State to State, facilitating the dissemination of current materials, assisting with specific activities in the States, servicing Federal staff members and agencies, aiding various conferences and meetings, representing the Cooperative Extension Work and looking after the annual plans of work and annual reports of State projects. During the last 2 years these activities for sociology, community development, health, and recreation have been handled together with only 1 Federal specialist and 1 full-time stenographer.

Specific activities in 1951 and 1952

1. National or Regional Conferences - workshops - meetings

Conference on mobilization of health, physical education, and recreation, Washington D. C. April 1951.

American Country Life Ass'n. Annual meeting. Urbana, Ill. Sept. 18-20, 1951
Not attended 1952.

Nat'l Recreation Congress - rural section and meeting of extension recreation specialists. Boston. Sept. 30-Oct. 4, 1951. Not attended 1952.

Convocation on Town and Country Church (not attended 1951) Attended 1952.
Columbus, Ohio. October 28-30.

American Public Health Ass'n. and meeting of extension health specialists present. (Not attended 1951) Attended 1952. Cleveland, October 20-24.

Rural Youth of USA conference. Jacksons Mill, West Va. Oct. 4-7, 1951

Conference on Community Mobilization. Wash. D.C. Nov. 29-Dec. 1, 1951.

Association of Southern Agricultural Workers-Community development section. Atlanta, Feb. 4-6, 1952.

Health Specialists Workshop Conference and Nat'l Rural Health Conference of AMA, Denver. Feb. 28-Mar. 5, 1952.

South Atlantic conference on rural life and education, Washington, D.C. April 27-29, 1952.

American Camping Ass'n. Workshop - Extension section. Chicago, March 30-April 2, 1952.

Lutheran Workshop on Rural Church and Community Health. Dubuque, Iowa. June 24-26, 1952.

2. Standing Committees Met with Regularly

Federal Inter-Agency Committee on Recreation in the United States. Meets montly in Washington, D.C. I attend meetings and also prepare materials for activities and policy statements of the committee.

Church Land Tenure Committee of Nat'l Council of Churches, Columbus, O. Meets twice a year, March and October. Attended 1952.

Great Plains Rural Health Committee, Northern Great Plains Agricultural Council. Attended 2 meetings - Denver, March 1952 and Lander, Wyo. August 1952. In this I am assisting with several projects of the committee, especially a study of rural health services in the Great Plains.

Nat'l 4-H Committee on Recreation and Cultural Arts Awards Program. Meets twice a year, Chicago, April 1952. Attended.

Nat'l 4-H Health Committee. Meet twice a year. Attended 1952.

North Central States Regional Committee on Rural Sociology with Farm Foundation. Attended 1952. Meets twice a year.

Health Committee of Extension Section, American Home Economics Association. Ex-officio, once or twice a year. Met March 1952 at Denver. Prepared materials and made contacts by mail.

3. States Visited and Types of Work Aided.

Total time spent in States visited ranged from 1 to 2 weeks each.

Rhode Island	Mississippi	Illinois
Connecticut	Louisiana	Wisconsin
Maryland	Arkansas	Iowa
Virginia	Ohio	Missouri
North Carolina	Indiana	Wyoming
Georgia		

Subject of Activities in States

General program evaluation and problems
Subject-matter information and teaching methods
Preparation of bulletin manuscripts
County visits and meetings
Helping specialists plan forthcoming meetings or other activities
Community and health studies
State health conferences
State and district workshops on community development
Meeting with State committees or groups
Rural pastors schools
Administrative problems and relationships
Extension staff workshops, conferences and summer school courses
Conferences with State leaders and other specialists
Conferences with research and teaching personnel.
Working with other departments and agencies

4. Activities pursuant to headquarters:

Preparation of circular letters to specialists (8 in year 1951-52) and packets of materials for distribution to States and others.

Preparation of leaflet circulars and items. Preparation of conference and committee materials and reports (major one was summary of extension health specialists conference.)

Subject-matter correspondence (350 letters in year 1952)

Office conferences with other extension staff members on subject matter, materials and problems.

Conferences with foreign trainees and officials on subject matter and special projects (35 individuals or groups in year 1951-52)

Subject-matter information to BAE, SCS, OFAR and other agencies.

Temporary committees for planning conferences or other purposes.

Evaluation studies.

Check and prepare manuscripts for Extension Service Review.

Check manuscripts and other materials sent in by State specialists or others for review and opinion.

Assist with Nat'l 4-H Camp, including planning committee meetings and preparation of materials beforehand.

Conferences with other agencies and assembling of materials - Public Health Service, Children's Bureau, Social Security, Bureau of Agricultural Economics, Bureau of Home Nutrition and Home Economics, Others.

Work on revising county statistical report form.

Staff conferences.

Annual reports and program statements.

Acknowledgment is made of the fine cooperation that was obtained during the past year with various other Federal staff members, State extension services, and other agencies. Continued solid ground lies ahead for extension work in community development, health education, recreation, and sociology. Although there is need for much more progress, we can be glad for that which we have had.

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The future holds new and expanding rural problems and other concerns which will be of interest to extension community development, health, recreation, and sociology programs. We will need to be alert to them so as to keep our program in tune with them and the people. Rural-urban differences are diminishing. At the same time the society of rural people is becoming more complex due to increasing shifting of populations, increased diversity of interests, and changing community structure. The interests of people will change; also situations. Sciences will produce new facts. All this will call for continued changes in programs and for new programs. But at the same time, there are those basic ideas and practices that will need to be preserved. We must take care not constantly shift and go off in all directions. Let us keep our eyes ever forward and alert to the new on the horizon, but at the same time be steady and sure of step as we go along on our programs.

Specialists in community development, health, recreation, and sociology can take confidence in the fact that these programs are of basic importance and that the people need and want more of them. They do. These programs also have a uniqueness in that they deal with people - the person, the family, the group. This involves us in seeing and dealing with building relationships. It involves us in the nature of human beings. It involves us in their feelings and hopes and conditions. We work with people and their deeper concerns. This uniqueness is our forte. And from our work with people we derive our greatest satisfactions.

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* SALESMEN OF KNOWLEDGE *

* "The future of America is in the hands of two men - the investi- *
* gator and the interpreter. We shall never lack for the administra- *
* tor, the third man needed to complete this trinity of social ser- *
* vants. And we also shall have an ample supply of investigators. *
* But there is a shortage of trained and responsible interpreters, *
* -men who can effectively play mediator between scientist and lay- *
* man. The practical value of every social invention or material *
* discovery depends upon its being adequately interpreted to the *
* masses. The investigator advances knowledge; the interpreter ad- *
* vances progress. History affords abundant evidence that civil- *
* ization has advanced in direct ratio to the efficiency with which *
* the thought of the thinkers has been transplanted into the lan- *
* guage of the workers. A dozen fields of thought are today con- *
* gested with knowledge that the physical and social sciences have *
* unearthed, and the whole tone and temper of American life can be *
* lifted by putting this knowledge into general circulation. But *
* where are the interpreters with the training and willingness to *
* think their way through this knowledge and translate it into the *
* language of the street? I raise the recruiting trumpet for the *
* interpreters!" - - Glenn Frank *

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